U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E	AND 122MB									
1. File N	lumber ums 57.5	/	2. Fisca	Year Covered From:						
				1/1/2	004 Through:	12 / 31	2004			
3. Name and address of person filing.				4. Name, file number, and address of labor organization.						
Name	Jeffrey	Benavidez	Name	[Internationa]	. Association	n of Iron	Workers #66			
			Labor	Organization File Nur	mber 023-625					
P.O. B	ox, Bldg., Room No., if any		P.O. I	Box, Building and Roo	m Number, if any					
Street	4318 Clark Ave.		Stree	4318 Clark Av		tied wird tein der State der S State der State der S				
City	San Antonio		City	San Antonio						
State	Texas	ZIP Code +4 78223	State	Texas		ZIP Code + 4	78223			
5. Positi	on in labor organization.	siness Manager								
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.										
A. Held moneta	an interest in, engaged in tr	ransactions (including loans) with	or derived in	forth in the instruction	s):					
moneta	an interest in, engaged in tr ry value from an employer and address of Employer (incl	ransactions (including loans) with whose employees your organ	ı, or derived ii ization repre	forth in the instruction	s): omic benefit of seeking to repres					
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noneta 6. Name Name Trade N P.O. Bo Street City State	ry value from an employer e and address of Employer (incle Name, if any: Dox, Bldg., Room No., if any	ransactions (including loans) with whose employees your organ uding trade name, if any). ZIP Code + 4	7.b. Am	forth in the instruction ncome or other econ sents or is actively s ure of Interest, Transa	s): nomic benefit of seeking to represent t	sent.				
Moneta 6. Name Name Trade N P.O. Bo Street City State 15. Significant Submit	e and address of Employer (including the land address of Employer (including the land). Name, if any: gnature and verification. The land in this report (including the land).	ransactions (including loans) with whose employees your organ uding trade name, if any).	7.a. Nat 7.b. Am Signature	d other applicable per	s): omic benefit of seeking to represent to the seeking to represent to the seeking to represent to the seeking to the seekin	sent.	Traction.			
Moneta 6. Name Name Trade N P.O. Bo Street City State 15. Significant Submit	e and address of Employer (including the signed's knowledge and belief,	ransactions (including loans) with whose employees your organ uding trade name, if any). ZIP Code + 4 undersigned declares, under penalinformation contained in any accomp	7.a. Nat 7.b. Am Signature	d other applicable per	s): omic benefit of seeking to represent to the seeking to represent to the seeking to represent to the seeking to the seekin	sent.	Traction.			

Name of Person Filing	Jeffrey	Benavidez	File Number U -

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise						
8. Name and address of Business (including trade name, if any). Name Union Labor Life Insurance Co. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 184 W Street 6800 Park Ten Blvd City San Antonio State Texas ZIP Code + 4 78213	9. Business deals with: a. Labor Organization b. Trust c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Texas Ironworkers Trust Funds	Insurance Company	POTOGORANISATION					
Trade Name, if any:		ALTYPHONOGRAPHIC					
P.O. Box, Bldg., Room No., if any Suite 400		verethon)					
Street 9555 W. Sam Houston Pkwy S	11.b. Approximate dollar value of such dealing.	\$65,000					
City Houston	12.a. Nature of interest held or income received.	Law are required in the contract of the contra					
State Texas ZIP Code + 4 78213	October 19, 2004 Golf after meeting with Lunch	at Lochinvar					
	40 h A						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
or from any labor relations consultant to an employer any payment of money	or other thing of value.	\$36					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)	\$36					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.	\$36					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	\$36					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value.	\$36					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.	\$36					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.	\$36					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.	\$36					